

**DEPARTMENT OF DEVELOPMENTAL SERVICES  
EMERGENCY RESIDENTIAL  
STATEMENT OF OCCUPANCY**

<b>DDS REGION/AREA:</b>	<b>FISCAL YEAR:</b>
<b>PROVIDER:</b>	<input type="checkbox"/> <b>INITIAL SOO</b>
<b>VENDOR CODE: VC</b>	<input type="checkbox"/> <b>AMENDMENT NUMBER:</b>
<b>MASTER AGREEMENT: DDSM032EMERRES000000</b>	<b>DOC ID:</b>

**This Statement of Occupancy (SOO) is issued under the terms of the Emergency Residential (EMER-RES-10) contract.**

This Statement of Occupancy is subject to the Emergency Residential contract, which includes the Commonwealth Terms and Conditions for Human and Social Services, Standard Contract Form, the RFR and the Provider's Response to the RFR and any clarifications/negotiated terms. Occupancy rates and expenditures as outlined in this SOO and attachments are subject to change by the Department in consultation with the provider. A SOO must be signed by the Provider and the Agency before occupancy costs can be reimbursed.

1. The Agency will reimburse the Provider for Emergency Residential services which are rendered in accordance with the Emergency Residential contract. Billing shall be done through the Virtual Gateway and the Enterprise Invoice Service Management System, in accordance with Agency billing guidelines.
2. The provider will only be reimbursed for occupancy costs up to the Estimated Expenditure Amount noted in this SOO.
3. The Estimated Expenditure Amount(s) for occupancy costs outlined in this Statement of Occupancy is the estimate of the site rate as calculated on the Emergency Residential Occupancy Worksheet. The site rate will be converted to a monthly accommodation rate for billing purposes.
4. The information provided on the attached Occupancy Worksheet is a true and accurate representation of costs incurred and reported in the UFR for the listed sites/program locations. All expenses listed as Adjustments to UFR were actually incurred to support the operation of the sites listed. The offsets include all known offsets that will be applied to defray total occupancy costs.
5. All funding for this Statement of Occupancy is subject to appropriations. An amended SOO must be completed and filed when there is a material change to the Estimated Expenditure Amount. Once signed, the expected expenditure will be entered in the Massachusetts Management Accounting and Reporting System (MMARS). The Agency can amend this SOO, after consultation with the provider, if able to demonstrate that occupancy costs are excessive and not justified by past expenditures.
6. Any work done without authorization pursuant to this SOO and the attached occupancy worksheet will be considered in violation of the EMER-RES-10 contract and this SOO.
7. Documents additional to this SOO that are not inconsistent to the terms of the SOO or the contract may be required by the Agency and will become part of this Statement of Occupancy. These documents may include emails from the Agencies authorizing minor changes to occupancy costs that do not impact the estimated expenditure amount.
8. The terms of this SOO may be terminated by the Agency upon written notice at any time during the life of the contract.
9. This Statement of Occupancy shall cover services starting on: \_\_\_\_\_, and shall terminate on: \_\_\_\_\_.

Department of Developmental Services  
Emergency Residential  
Statement of Occupancy

<b>Provider Information</b>	<b>Department Information</b>
<b>Doc ID:</b>	
<b>Provider Name:</b> <b>Provider Address:</b>	<b>Department Name:</b> Department of Developmental Services <b>Billing Address:</b>
<b>Provider's Contact Person for this Statement of Occupancy:</b>	<b>Department's Contact Person for this Statement of Occupancy:</b>
<b>Telephone:</b> <b>Email:</b>	<b>Telephone:</b> <b>Email:</b>
<b>Attached to this SOO is documentation establishing the Expected Expenditure Amount:</b>  <b>Expected Expenditure Amount: \$</b> <b>Monthly Accommodation Rate: \$</b>	
<b>Acceptance</b> The Parties hereby acknowledge the terms of this Statement of Occupancy.	
<b>Name of Provider Authorized Signatory:</b>	<b>Name of Agency Authorized Signatory:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Title:</b>	<b>Title:</b>
<b>Date:</b>	<b>Date:</b>